

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN ASSIGNMENT		AFTER IN ASSIGNMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
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50						
TOTAL NO.						
TOTAL DEF.						
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65	1					
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96						
97						
98						
99	1					
100						
TOTAL NO.	5					
TOTAL DEF.	94					
TOTAL	99					